

# Performance Improvement Policy

## **PURPOSE:**

To establish and guide the Performance Improvement (PI) program at Health Care for the Homeless.

## **POLICY:**

Health Care for the Homeless (HCH) will maintain a PI program that objectively and continuously monitors, evaluates, and improves the quality of its work. This program will include systems to measure performance at the organizational, team, and individual level; maximize client and staff safety; manage and mitigate risk; and identify and act upon improvement opportunities. This program will collaborate with staff, leadership, and clients across all HCH teams and sites to improve outcomes and provide quality care.

## **PROCEDURE:**

### **I. INTRODUCTION**

This document guides the PI program at HCH and all sites it operates. The PI program is guided by our Mission Statement, Core Values, and Strategic Plan.

### **II. ORGANIZATIONAL AUTHORITY, RESPONSIBILITY, AND ACCOUNTABILITY**

- a. The HCH Board of Directors (the board): The ultimate responsibility for the PI program rests with the board. The Chief Quality Officer (CQO) and the Director of PI will report to the board's Program & PI (P&PI) Committee at least 6 times per year. The P&PI Committee reports to the full Board of Directors at the monthly board meeting. The board:
  - i. Requires HCH to maintain a PI program.
  - ii. Reviews and approves the PI Policy and the PI Plan.
  - iii. Ensures that reasonable support is provided for the PI program.
- b. Chief Quality Officer (CQO): Provides guidance and overall direction to the PI program and supervises the Director of PI.
- c. Director of PI: Directs the PI program, as detailed in the job description.
- d. Performance Improvement Committee: Evaluates and prioritizes improvement opportunities based on organizational need, creates multidisciplinary teams to address opportunities, and monitors data to assess progress. This committee:
  - i. Is permanently staffed by the Director of PI (Chair) and the CQO.
  - ii. Is open to all HCH staff members.
  - iii. Meets at least 6 times per calendar year, with minutes open to all HCH staff.
- e. Other PI roles:
  - i. Safety Officer: Oversees issues and trends around client and/or staff safety, including information documented through incident reports.
  - ii. Risk Officer: Oversees issues and trends around identifying/preventing risk, including adverse drug reactions, medication errors, and facilities related risk. Participates in and maintains awareness of credentialing and privileging.
  - iii. Privacy Officer: Oversees issues related to confidentiality and HIPAA compliance.

- f. Expansion Contract Providers: HCH will conduct formal evaluations of the expansion contract providers. Non-compliance by expansion contract providers may result in additional evaluation of the program, time specific corrective action plans, and/or contract termination.

### III. PURPOSE

The PI program continuously monitors, evaluates, and improves the quality of work performed across all services and sites at HCH, and supports priorities established by oversight bodies (see Appendix 1). The PI program helps to ensure the provision of the proper service to the proper client at the proper time by qualified and capable individuals. The PI program will:

- a. Objectively and systematically collect, analyze, and monitor clinical and operational data in an accurate and timely manner.
- b. Identify and prioritize weaknesses, trends, and opportunities for improvement, with focus on those that impact issues such as:
  - i. clinical outcomes (NCQA standards 3 & 6; TJC LD.04.04.01 & PI.03.01.01)
  - ii. risk reduction and prevention (FTCA Risk Mgmt, QI/QA; TJC EC, IC, MM, NPSG, PC)
  - iii. client / staff safety (including adverse drug reactions, significant medication errors, and other sentinel events or near misses) (FTCA QI/QA, NCQA standards 4 & 5; TJC EC, IC, MM, NPSG, PC)
  - iv. client experience & satisfaction (NCQA standard 6; TJC PI.01.01.01, PI.03.01.01)
  - v. integration of care (NCQA standard 2; TJC HR, PC, RI)
  - vi. access to care (NCQA standard 1; TJC PC.02.04.01)
  - vii. comprehensiveness of care (NCQA standard 3; TJC PC.02.04.05)
  - viii. care coordination (NCQA standards 4 & 5; TJC PC.02.04.05)
  - ix. continuity of care (NCQA standards 1 & 2; TJC PC.02.04.05)
  - x. resource use (NCQA standard 6)
  - xi. data integrity and availability (FTCA QI/QA, NCQA standards 3 & 6; TJC PI.01.01.01)
- c. Design, implement, and measure improvement initiatives.
- d. Assist HCH staff with operationalizing and maintaining improvement gains.
- e. Share performance measures with staff, clients, board members, and community partners in a meaningful and understandable way.
- f. Lead root cause analyses in response to system or process breakdowns
- g. Ensure client satisfaction surveys are administered at least annually, and act upon results in a timely and appropriate manner.
- h. Ensure HCH care and services meet all state, federal, regulatory and accrediting standards.
- i. Participate in staff quality assurance activities, such as credentialing and privileging, peer review, and/or continuing education. (FTCA Credentialing Systems)

### IV. CONFIDENTIALITY

PI program information is open to HCH staff. The exception is personally identifiable information about clients or staff – such as protected health information or details on sentinel events – which is confidential. Information is available to external organizations who survey HCH for regulatory or compliance purposes. The PI Committee, President & CEO, and/or the board P&PI Committee must authorize other external uses of PI program information.

**V. SCOPE**

The PI program provides a system for continuously monitoring, evaluating, and improving the work of HCH. All activities at HCH are within the scope of the PI program, as prioritized by the PI Committee.

**VI. METHODOLOGY**

The PI program utilizes the PDSA (Plan / Do / Study / Act) process. Other methodologies – such as Lean, FMEA, or Six Sigma – can be used as appropriate.

**VII. AGENCY-WIDE SYSTEMS**

The following agency-wide systems are used by the PI program:

- a. Chart audits: The Director of PI and members of the PI Committee periodically review charts for improvement opportunities. These reviews do not replace the peer-review process.
- b. Information technology: The PI program utilizes all available information technology, including the EHR/PM systems and the population health management system.
- c. PI project teams: When the PI Committee prioritizes an improvement opportunity, a project team is formed to apply the PI methodology, measure outcomes, and maintain improvements.

**VIII. EVALUATION AND APPROVAL**

Using feedback from the PI Committee, the Director of PI will update the PI Policy at least once every three years and the PI Plan annually. The Director of PI will present the document(s) to the board P&PI Committee for review and approval. The P&PI Committee will then present the document(s) to the board for approval. The board will monitor the PI program's effectiveness in continuously monitoring, evaluating, and improving the work of HCH, and recommend changes when necessary.

Signed by:

Position (HCH staff):

Date: 12/20/2016

*[Handwritten Signature]* DIRECTOR OF PI

Board approval (Chair):

Date: 12/20/16

*[Handwritten Signature]* MS

Reviewed every 3 years

## **APPENDIX 1: REFERENCES**

### **FTCA Redeeming Application CY2017**

1. Credentialing Systems
2. Risk Management Systems
3. Quality Improvement / Quality Assurance Plan

### **NCQA PCMH 2014 Standards**

1. Standard 1: Patient-Centered Access
2. Standard 2: Team-Based Care
3. Standard 3: Population Health
4. Standard 4: Care Management & Support
5. Standard 5: Care Coordination & Transitions
6. Standard 6: Performance Measurement & QI

### **TJC: Joint Commission standards for Ambulatory Care (including PCMH) and Behavioral Health Care**

1. EC: Environment of Care chapter
2. HR: Human Resources chapter
3. IC: Infection Control chapter
4. LD.04.04.01: Leadership – “Leadership establishes priorities for PI”
5. MM: Medication Management chapter
6. NPSG: National Patient Safety Goals chapter
7. PC: Provision of Care, Treatment, and Services chapter
  - a. PC.02.04.01 – “Patient has access to the organization 24 hours a day, 7 days a week.”
  - b. PC.02.04.05 – “The primary care clinician and the interdisciplinary team work in partnership with the patient to support the continuity of care and the provision of comprehensive and coordinated care, treatment, or services.”
8. PI: Performance Improvement chapter
  - a. PI.01.01.01 – “Organization collects data to monitor its performance”
  - b. PI.03.01.01 – “Organization improves performance”
9. RI: Rights and Responsibilities of the Individual chapter